

## **Contract Reference Cover Sheet**

Responsible Department: Contact person in your office: Address: E-mail: Telephone:	Community Care Services Department Roger Stricklin 15 Waller Street, 5 <sup>th</sup> Floor Roger.stricklin@ci.austin.tx.us 512-972-5491
Project Name & Description: Contractor/Vendor/Party: Contract Period: Extension Options:	Dental Supplies  Becker-Parkin Dental Supply Company  March 23, 2007 through March 22, 2009  Two 12-month
Reference No.:  Requisition No.:  Solicitation No.:  RX No.:	GA070000071 N/A BLM0006 RQM 9500-06121100359
Agenda Item Number: Date Approved by Council:	22 03/22/07

NOTE: Forward this document electronically to OCC Research. It will be attached to the approved ordinance or resolution and given to customers seeking information about the contract.